



COMING TOGETHER, CARING TOGETHER

A Report on the Communities Responding to
the HIV/AIDS Epidemic (CORE) Initiative,
January 2001-June 2002

July 2002



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~ On the Cover ~



“Sentimientos de nuestros tiempos”
 (“Feelings of Our Times”)

Rich colors and faces of human expression across the globe,
and threads of HIV/AIDS that bind us together,
through shared pain and hope; in faith and in strength.

This triptych, using the technique of acrylic on wood, was created by Noé Hernández. He is a native of Mexico City and completed “Feelings of Our Times” in South Africa in May 2001. This artwork richly depicts universal images and symbols of faith, HIV/AIDS, and human experience. The vibrant colors, reminiscent of Africa, are a stark reminder of the devastating effects that HIV/AIDS is having on the developing world – as its people grapple with an ever-rising tide of infection.

“Feelings of Our Times” is also an expression of hope, reflected through the eyes of women, men, and children. Its imagery captures the power of ordinary people who are confronting the challenges of the HIV/AIDS pandemic, as individuals, as communities, and as nations.

This painting was commissioned by the USAID-funded POLICY Project (South Africa Office), in collaboration with the HIV/AIDS and STD Directorate of the Ministry of Health. The triptych is housed in POLICY’s South Africa office and it is displayed at churches, community meetings, and other gatherings to raise awareness of HIV/AIDS.

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INTRODUCTION

As we enter the third decade of the HIV/AIDS epidemic, effective and creative strategies to combat the disease are more critical than ever. At the end of 2001, more than 40 million people were living with HIV/AIDS, including nearly 18 million women and three million children. There were five million new HIV infections and three million AIDS-related deaths in 2001. For every individual who contracts the virus, there are families, friends, and communities that are also affected. But HIV/AIDS is not a problem that should be the concern of only those *directly* affected. We are all affected by the lives, resources, and possibilities lost to the epidemic. How we choose to reach out and respond – the degree of our vigilance, compassion, and resolve – are measures of our collective humanity.

The communal effects of HIV/AIDS are as dangerous and debilitating as its physical effects. It is the triple combination of ignorance, prejudice, and fear that has created the fertile breeding ground for its continued spread. Openness, acceptance, and support are the keys to its containment. And it is at the community interface where these challenges and opportunities are perhaps most evident and can be most effectively addressed.

Communities are coming together to respond to the epidemic. They are the hardest hit, yet it is within communities that we increasingly find the strategies and strength to address HIV/AIDS and mitigate

the impacts of the disease. Communities embrace values – care for one's neighbor, hope for a healthy future, and respect for life – that are of inestimable worth in confronting HIV/AIDS. And it is through community- and faith-based organizations, situated in the local context, that we see the values of communities in action. These organizations are on the frontlines, providing a range of prevention, care, and support services. Community- and faith-based organizations have the ability to influence the attitudes and behaviors of their neighbors and to develop and implement programs to meet local needs.

The U.S. Agency for International Development (USAID) has a long track record in working with community- and faith-based organizations. This worldwide work has included issues as varied as promoting models of good governance to improving the economic prospects of vulnerable populations. This basis of firm commitment has been extended to the realm of HIV/AIDS, where increasingly community and faith responses to the epidemic are playing a central role.

Actively addressing the HIV/AIDS epidemic requires a strong and coordinated response from all sectors of society – government, civil society, the private sector, and the international community. This report highlights the meaningful role that community- and faith-based efforts play within our larger and collective response.



MOBILIZING COMMUNITIES:

THE MOTIVATION FOR THE CORE INITIATIVE

Community- and faith-based organizations are increasingly recognizing the need to become strong, active partners in the fight against HIV/AIDS. Historically, some of these organizations have faced several challenges in mobilizing to respond to the epidemic. Communities continue to embrace cultural practices that put people at risk. Issues pertaining to sexual behavior and sexuality are not topics for open discussion. Faith groups, in particular, have struggled with attitudes toward condom use and the idea that sin causes infection. A lack of accurate, objective information on HIV transmission and prevention and a lack of commitment to tackle the disease are also barriers. Too often, faith and community leaders have no personal experience with people openly living with HIV/AIDS. Silence and stigma still abound, hindering many prevention, care, and support efforts. Despite these challenges, a community- and faith-based response to HIV/AIDS is growing.

At the same time, USAID recognized the unique potential of – and urgent need for – greater community- and faith-based contributions to the fight against HIV/AIDS. To focus and link the energy of these parties at the extremes of the epidemic, USAID launched the Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative.

Building on the experiences and expertise of USAID and the CORE Initiative's implementing partner, the POLICY Project,¹ the initiative seeks to further galvanize and strengthen a broad-based, global response to HIV/AIDS. Since early 2001, the CORE Initiative has funded direct community action, launched regional planning projects, and built capacity of networks of community- and faith-based organizations. This report reviews some of the major activities completed and lessons learned during the first 18 months of the initiative.

BACKGROUND

USAID has always worked effectively with community- and faith-based organizations, and done so in a way that carefully safeguards the separation of church and state. The CORE Initiative represents one aspect of USAID's expanded response to the HIV/AIDS crisis. USAID allocated \$1.5 million in fiscal year 2001 funds to launch this expanded response, and USAID missions and regional bureaus are actively involved in designing and implementing it. This expansion is justified on many levels. Not

¹ The POLICY Project is a USAID-funded program implemented by The Futures Group International (a non-sectarian nongovernmental health and development organization incorporated in the United States), in collaboration with The Centre for Development and Population Activities and the Research Triangle Institute.

only are community- and faith-based organizations integral to the provision of services at the local level, they serve as leaders within communities and have the potential to reduce misconceptions and stigma surrounding HIV/AIDS. They are also often the largest, most stable, diverse, and extensively dispersed organizations in many countries.

As part of the planning for CORE, USAID helped plan and implement the White House World Religious Leaders Summit held on World AIDS Day 2000. The summit brought top U.S. officials together with representatives from the international development community and religious leaders from 22 countries to explore how faith-based organizations could more effectively respond to the pandemic and how public and private development agencies could assist in this work. USAID took this unique opportunity to conduct a working meeting with delegates to investigate the specifics of expanding partnerships with community- and faith-based organizations.

The CORE Initiative's implementation activities began in January 2001 and are focused where they are most urgently needed: at the community level, where people live, struggle, and die as a consequence of HIV/AIDS. It supports communities by mobilizing and empowering them to identify and implement solutions. Priority is given to groups who commit their own resources and demonstrate the capacity to meet needs for care and support, and to help confront and reduce stigma and discrimination. The initiative also strengthens USAID's partnerships with community- and faith-based organizations in the United States

and other developed countries that are working to combat HIV/AIDS in developing countries.

CORE Focus Areas

The HIV/AIDS pandemic presents several interlocking challenges and choices, and each aspect must be tackled hand-in-hand with the others. For example, the full effectiveness of voluntary counseling and testing as both a prevention and entry-to-care tool will not be achieved until the stigma of HIV/AIDS is eliminated. And prevention cannot succeed until the factors that put people at risk – poverty, marginalization, lack of opportunities, inequalities – are addressed. Recognizing the need for a comprehensive response while also acknowledging the need to set realistic parameters, the CORE Initiative provides support to organizations working in three broad focus areas:

❖ Increasing Advocacy and Raising

Awareness. Under this objective, the initiative assists organizations in building capacity, knowledge, and skills within their own groups, which can then serve as conduits of information and advocacy within local communities.



Improving care and support for vulnerable groups, particularly children and orphans affected by HIV/AIDS, is a priority for the CORE Initiative.

Photo courtesy of the POLICY Project.

❖ **Reducing Stigma and Discrimination.**

Stigma is “a powerful and discrediting social label that radically changes the way individuals view themselves and are viewed as persons” (Canadian HIV/AIDS Legal Network, 1998). Lack of information, myths and misconceptions, and judgmental attitudes – particularly from faith-based groups – contribute to stigma, which serves as a barrier to effective prevention and care efforts.

As it is linked to the success of so many other activities, reducing stigma and discrimination is a priority for the CORE Initiative.

❖ **Improving Care and Support.** In developing countries that often lack the resources and/or commitment to develop strong health care systems, community- and faith-based organizations fill the void in terms of providing care and

support services at the local level. The CORE Initiative seeks to build the capacity of grassroots organizations providing care and support to people living with HIV/AIDS (PLWHA) and their families. The continuum of care and support can encompass a range of activities, including prevention, voluntary counseling and testing, access to affordable and appropriate treatment, and income-generation schemes for PLWHA.

CORE PROJECT COMPONENTS

The CORE Initiative’s work is being advanced through four primary mechanisms: empowerment grants, conferences and workshops, demonstration projects, and the Online Resource Center (<http://www.coreinitiative.org>).

Components of the CORE Initiative

Empowerment Grants	Grants of up to \$5,000 are awarded to community- and faith-based organizations for a range of activities and purposes, including capacity building, strategic planning, networking, advocacy, and others.
Conferences & Workshops	Supported events bring together members of the international development community, the NGO community, and religious communities to share experiences, identify priority action areas, build partnerships, and develop intervention strategies.
Demonstration Projects	Demonstration projects enhance the ability of community- and faith-based organizations to carry out large-scale, effective HIV/AIDS interventions. These projects have annual budgets of up to \$150,000 and timelines of up to three years.
Online Resource Center	Community- and faith-based organizations around the world are increasingly gaining access to the Internet and e-mail. Capitalizing on this phenomenon, the CORE Initiative has developed an Online Resource Center that features a listserv and other resources for community- and faith-based organizations engaged in HIV/AIDS activities. URL: http://www.coreinitiative.org .

REACHING COMMUNITIES:

THE EMPOWERMENT GRANTS PROGRAM

Community- and faith-based organizations are well-positioned to develop and implement HIV/AIDS programs to meet the needs of local communities. However, a lack of resources – both financial and technical – is often a barrier to important grassroots efforts. At the same time, a minimal investment can go a long way toward building the capacity of these organizations.

The CORE Initiative focuses on empowering local communities and its grants program demonstrates how a global program can have an impact and provide assistance at the grassroots level. The Empowerment Grants Program provides grants of up to \$5,000 to community- and faith-based groups to carry out innovative local HIV/AIDS programs. In the first 18

months, more than \$200,000 was awarded to 45 grassroots organizations from 29 countries. These organizations reflect the diversity of groups active in responding to the epidemic and the range of issues that are involved in addressing HIV/AIDS at the community level.

DESIGN AND OBJECTIVES

As a learning exercise to inform the eventual request for applications for long-term implementation, proposals for Empowerment Grants were solicited and received in two rounds. USAID Missions, POLICY country offices, and the initiative's website were used as conduits to publicize the grants program and receive applications.

Level of Funding by Focus Area

	Advocacy, Awareness Raising, and Information-Education-Communication	Stigma and Discrimination	Care and Support	Total
Round 1	\$34,739	\$9,943	\$14,427	\$59,109
Round 2	\$96,472	\$11,457	\$37,465	\$145,394
Total	\$131,211	\$21,400	\$51,892	\$204,503



A selection committee evaluated applications in consultation with regional partners. Committee members were nominated and chosen on the basis of their experiences with grantmaking, community- and faith-based organizations, and HIV/AIDS issues. Members included PLWHA and developing-country representatives.

Thirteen grants were awarded during Round 1, and 32 were awarded during Round 2. Once selected, grantees receive an initial advance that covers part of the expenses for the activities approved in the grant proposal. Upon the conclusion of the activities, the grantees are required to submit a financial report indicating the costs incurred. After the financial report is reviewed and approved, grantees are compensated for any expenses in excess of the initial advance. Activities from the grants are expected to be completed by mid- to late-2002.

Upon completion, grant recipients also submit final reports on project activities and accomplishments. Some organizations have already begun the process of reporting on the impacts of the grants. For example, a Cambodian NGO has conducted a study of about 5,000 students to assess their attitudes toward AIDS orphans and is now working with Buddhist monks to develop AIDS awareness-raising activities in schools to reduce stigma toward orphans and vulnerable children. A grantee in Mozambique has developed materials and trained volunteers from a number of districts to provide care and support to PLWHA. In particular, they are working to meet the material, health, and other needs of orphans and vulnerable children.



Photo courtesy of the Church of God.

Pastor Machava (middle), of the Church of God in Mozambique, and church leaders from Chilembene (left) and Chokwe (right) show some of the materials that are being used to train volunteers and community members.

MAKING A DIFFERENCE

The CORE Initiative has a truly global reach. Current recipient organizations are based in Africa, the Caribbean, Eastern Europe, Latin America, South Asia, and Southeast Asia. The response of 822 applications from more than 70 countries demonstrates the strong interest from and capacities of community- and faith-based organizations, as well as the need for an initiative like this to provide financial support and technical assistance for HIV/AIDS activities at the grassroots level.

One important aspect of the program is that, while organizations must address one of the three focus areas of the initiative, these focus areas are broad enough to encompass a range of activities and issues. For example, community- and

faith-based organizations are using their grants to target low-income populations in Brazil; promote greater participation of PLWHA in policymaking processes in India; counsel bereaved children in South Africa; and address women's needs in Ukraine (see Appendix A for a complete list of grant recipients). The flexibility of the Empowerment Grants Program allows grassroots organizations to determine the unique needs of their communities and develop their own strategies for meeting those needs.

Specific elements of the program and application process were instrumental in encouraging widespread participation by a variety of organizations. The award amount allowed applicants to develop practical, realistic strategies to meet specific community needs. The grants are to be used to supplement existing activities or can be used to initiate new, short-term programs. Requesting support for these types of programs did not place a heavy burden on applicants, the form was short and easy to fill out.

IMPLICATIONS AND NEXT STEPS

In addition to serving as an effective mechanism for directing financial assistance to innovative grassroots efforts, several insights and opportunities emerging from the Empowerment Grants Program have implications for the future development of initiatives to mobilize communities to address HIV/AIDS.

The applications provided an opportunity for the CORE Initiative team to learn how different communities are dealing with the epidemic, how they cope with stigma and discrimination, and how they respond to culturally-sensitive topics.

This last point is of special significance for donor organizations. Slowing the spread of HIV/AIDS involves overcoming a number of cultural practices that put people at risk. However, interventions led by “outsiders” that approach these issues in a way that is judgmental, condescending, or culturally inappropriate are destined to meet resistance. Empowerment grants provide a unique opportunity to identify and disseminate community-created and community-owned interventions.

What is revealing from the grant review process is that many potentially harmful practices are being addressed by community- and faith-based organizations. They approach these issues not from a position of condemnation, but from an intimate understanding of those traditions and their effects. These organizations, with the trust and respect of their community members, can tackle harmful practices in ways that emphasize human rights, public health, and democracy issues while maintaining an advocacy approach that is culturally sensitive.

For donor organizations, implementing a program of this magnitude may involve making decisions about the costs and benefits of such a program. The experience of the CORE Initiative confirms that there is a significant administrative burden involved in supporting a grants program that fields applications from hundreds of organizations around the world. At the same time, this program has shown that capacity can be strengthened at the local level with relatively small awards. The program has enabled a number of organizations to expand their response to the epidemic and carry out programs that make a difference at the grassroots level.

BREAKING THE CYCLE: TANZANIAN COMMUNITY-BASED ORGANIZATION GIVES WOMEN AND ORPHANS HOPE

The Tumaini (“hope”) Women’s Group, a Tanzania-based affiliate of the Orphans Development Program International, is using an empowerment grant from the CORE Initiative to support women and children affected by HIV/AIDS. In doing so, the Tumaini women are showing that a little goes a long way in the fight against HIV/AIDS.

The Tumaini Women’s Group endeavors to provide women widowed as a result of HIV/AIDS with the resources they need to support themselves and their families. Since receiving their empowerment grant, the Tumaini women have undertaken several activities, including increasing awareness, providing counseling, assessing the needs of orphans and children affected by HIV/AIDS, and funding entrepreneurial projects. In particular, the group has given loans to 16 women to expand their businesses and to another 20 women to start income-generating activities, such as selling clothing and food, opening salons, and rearing chicken and pigs. Members of the group have also undergone training on a variety of topics – including group dynamics and record keeping – to encourage sustainability of the income-generating activities.

In addition, the Tumaini women are providing assistance to enable 32 children from 20 families to attend school. “All 32 children, beneficiaries of the income-generating activities, are well fed, have exercise books and



Photo courtesy of the Tumaini Women’s Group.

Members of the Tumaini Women’s Group hold a planning meeting after receiving their empowerment grant.

writing materials, and have contributed the required [fees] for school,” the Tumaini women explained. The children have also received new school uniforms, medical check-ups, and subsidized school meals. The Tumaini women are currently in the process of ordering textbooks for students in upper primary and secondary schools.

RAISING AWARENESS AND SETTING PRIORITIES: CONFERENCES, WORKSHOPS, AND NETWORKING

The CORE Initiative has supported and participated in a number of conferences, workshops, and consultations aimed at strengthening community- and faith-based responses to the HIV/AIDS epidemic. Each gathering provided a unique opportunity for awareness-raising as well as strategic planning for practical movements toward improved care and a more supportive environment for PLWHA. These events brought together members of the nongovernmental, religious, and international development communities to discuss the past, present, and future roles of community- and faith-based organizations as part of a comprehensive effort that spans geographic, ethnic, and religious boundaries.

By supporting conferences and networking efforts, the CORE Initiative has catalyzed a movement within community- and faith-based organizations to examine their role in reducing stigma and discrimination and reflect on their function as providers of essential social services within communities. The major conferences, consultations, and workshops supported by the CORE Initiative to date are summarized in Appendix B. Activities and lessons learned from these events are detailed below.

NETWORKING

To inform both the planning for and implementation of the CORE Initiative, extensive efforts were undertaken to seek input from multiple sectors. Formal conference presentations and one-on-one briefings were provided to the Advisory Council on Voluntary Affairs, U.S. Conference on AIDS, and the Centers for Disease Control and Prevention and Office of Global Health Affairs of the U.S. Department of Health and Human Services, among others. Additional outreach has included consultations with the British Department for International Development, as well as UNAIDS and World Health Organization counterparts.

CONFERENCES AND WORKSHOPS

ALL-AFRICA CONSULTATIONS ON THE APPROACH TO THE HIV/AIDS CRISIS

With assistance from the CORE Initiative, the All Africa Conference of Churches (AACC), in early 2001, convened two HIV/AIDS consultations for church leaders. These consultations, hosted by the Uganda Joint Christian Council and the Protestant Church of Senegal, respectively, each brought together more than 80 representatives from countries across sub-



Saharan Africa. Participants learned from the experiences of leaders and program coordinators from Uganda and Senegal, two countries where HIV/AIDS incidence rates have remained stable or declined in recent years.

The level of awareness about HIV/AIDS issues varied among participants. Many came from countries where the political leadership has yet to make HIV/AIDS a priority or to include religious leaders in formal HIV/AIDS committees and strategies. During the conferences, participants visited community-based projects, discussed their views on condom promotion, called for better training in counseling, and contemplated their roles in a world with HIV/AIDS. For many delegates, this was their first encounter with people living openly with HIV/AIDS. In particular, the presentation by Reverend Gideon Byamugisha, who is openly HIV positive, served as a turning point for many participants. His testimony challenged individuals to consider their contribution to the sometimes judgmental stance of the church and charged them with thinking of ways to create a more supportive environment.

Participants pledged their commitment to addressing HIV/AIDS in their own communities and recommended implementing several strategies. These strategies, outlined in the conference declarations that can be found on the CORE Initiative's website, include

- ❖ Improving information sharing, training, and collaboration;
- ❖ Supporting vulnerable groups;
- ❖ Condemning harmful practices that put people at risk for HIV;
- ❖ Working with and involving PLWHA;
- ❖ Strengthening advocacy for HIV/AIDS policies and programs; and

- ❖ Integrating HIV/AIDS prevention and care efforts.

CHALLENGES FOR THE CHURCH – AIDS, MALARIA, AND TUBERCULOSIS

The CORE Initiative joined the Centers for Disease Control and Prevention in supporting this event convened in May 2001 by Christian Connections for International Health (CCIH). Workshop sessions highlighted approaches to a range of HIV/AIDS issues, including prevention; behavior change; counseling, care, and support for PLWHA and their families; church-supported home-based care; and stigma associated with HIV/AIDS. Presenters were representatives of international development organizations and leaders of innovative programs in developing countries. They presented case studies of successful projects and shared how community- and faith-based organizations are dealing with the epidemic.

The conference brought together more than 150 people from over 60 countries. Discussions were informative and candidly addressed obstacles encountered. The urgent need to respond positively and compassionately to the current crisis, with a vision for a long-term, sustained response was acknowledged. Many discussions focused on health-related mandates in the writings and heritage of faith-based organizations; education, training, and communication; advocacy for PLWHA, orphans and vulnerable children, and families of PLWHA; collaboration and good stewardship; and empowerment and sustainability. Reflecting on one of the issues that remains a challenge for many faith-based organizations, the delegates expressed the need to emphasize abstinence and fidelity, while maintaining open dialogue on condom use.

IN THEIR OWN WORDS

In May 2001, the CORE Initiative joined the Global Health Council and Centers for Disease Control and Prevention in sponsoring the visit of Brigitte and Kabanda Syamalevwe from Zambia to the United States. Brigitte and Kabanda, who are both HIV positive, are active advocates for women's and children's rights and proponents of men's participation in HIV/AIDS work. Many of the issues raised by Brigitte and Kabanda, such as the need to consider the interrelationships of gender and HIV/AIDS, are priorities for the CORE Initiative. The following are excerpts from their presentation at the Global Health Council Conference.

Kabanda

I remember as far back as 11 years ago, when I was shown in the newspaper that my wife had first gone out in the open [about HIV]. We were in a public place and a friend of mine showed me the national newspaper. Whose wife is this? I stood there and saw my wife's picture and it's in my face, this woman is as good as dead, and even the husband should expect an impending death. So I said, "You're kidding. I'm not dying, and I refuse to die." So I left that public place and went and cried like a boy that has been taught not to cry. I defied that custom. I cried and I cried and I finished. I say now it's time to fight, no time for foolishness. From that time I began the fight of changing roles....

This demonstration in the communities, in the society, of readapting the roles that way is not supposed to be taken by men. It was a clear demonstration to men, though. I was speaking to men silently but surely and I did get results. I got results because finally we had groups of men and women, married women and men, single ladies come together, single men come together to discuss issues of masculinity, reproduction, rites of passage, tradition.

Brigitte

This man [my husband], when he started pushing me, did not realize he was growing a monster, a very, very wonderful monster. Sometimes I feel sorry for him because after empowering me, I'm sure, sometimes he goes through a lot of pain, a lot of worrying, what next?



Photo courtesy of Brigitte and Kabanda Syamalevwe.

Because if you have a chance to look at what we're passing, in the ten years that we have fought as partners in affliction, in HIV lawsuits, because he allowed me from the word "go" to start going and helping others. He could not stop the anger of the righteous married woman who got infected in the marriage bed and wanted to help and talk to the other married women in our communities that we are not safe. We don't think it's our fault, rape victims' fault, or sex workers' fault. HIV/AIDS is a reality in all our communities and our families....

At every stage of life is an opportunity to celebrate and affirm life-giving activities. My roles as a mother, manager, as a person who gives birth to a community, have been overtaken by the role I'm supposed to have to transform the community.... We are forgetting in our planning that we are basically dealing with a broken humanity. Each one of us has gone through some strain or system that has made us vulnerable to hating. But devaluation of woman is devaluation of the world. We have been involved in destroying the very essence of humanity by not making sure womanhood or motherhood is secure.

EAST/SOUTHERN AFRICA AND WEST AFRICA CONSULTATIONS ON THE APPROPRIATE RESPONSE TO THE HIV/AIDS CRISIS

The Organization of African Instituted Churches (OAIC) is an organization of independent, African instituted and founded churches that draws members from 21 countries. The mission of the OAIC's HIV/AIDS Program is to strengthen the ability of its members and the communities they serve to develop and implement appropriate responses to the HIV/AIDS epidemic. The CORE Initiative provided financial support and technical guidance to the OAIC in organizing two consultations with its leaders in Gaborone, Botswana, in March 2001, and in Lagos, Nigeria, in August 2001. The objectives of the consultations were to

- ❖ enable leaders to share their experiences with HIV/AIDS;
- ❖ facilitate a review of positions on HIV/AIDS and outline appropriate teachings on HIV/AIDS;
- ❖ identify the critical factors leading to the spread of HIV/AIDS and suggest practical solutions; and
- ❖ explore ways AICs can strengthen existing structures to facilitate HIV/AIDS prevention, care, and support.

With the theme "Looking at HIV/AIDS Holistically, Seeing the Whole Picture," the consultations' participatory activities and discussions afforded delegates with the opportunity to critically analyze a range of issues, including those pertaining to culture, economics, gender,

society, belief systems, and youth. The consultation galvanized leadership commitment and conviction to respond to the HIV/AIDS crisis with positive attitudes toward PLWHA. Delegates identified unaffordable medical treatment and a lack of care and support services for PLWHA as critical issues that need to be addressed in the fight against HIV/AIDS.

A communiqué that was developed during the consultations to serve as a framework for future OAIC HIV/AIDS activities, outlined steps that should be taken by various partners, including churches, the government, and other agencies. Priority action areas for OAIC members include

- ❖ committing resources to HIV/AIDS prevention, care, and support;
- ❖ integrating sexuality education into other educational programs;
- ❖ disseminating accurate information and raising levels of awareness within communities; and
- ❖ developing trainer-of-trainers programs to build capacity to address HIV/AIDS issues.

The OAIC members also called on African governments to commit resources for prevention, care, and support; invest in research aimed at finding a cure for or improved management of HIV/AIDS; increase access to HIV testing facilities; strengthen labor laws to ban discrimination against PLWHA; and collaborate with faith-based and civil society organizations to develop and introduce sex education into school curricula.

FIRST INTERNATIONAL MUSLIM LEADERS' CONSULTATION ON HIV/AIDS

Under the leadership of the Islamic Medical Association of Uganda, and with technical and logistical support from the CORE Initiative, the “First International Muslim Leaders’ Consultation on HIV/AIDS” brought together community representatives and other delegates from more than 20 countries across Africa, Asia, the Middle East, and North America. Delegates to the consultation, held in Kampala, Uganda, on November 1–4, 2001, included imams, kadhīs, and muftīs, as well as representatives from women’s and youth groups, health professionals, Muslims living with HIV/AIDS, leaders of NGOs and government agencies, and participants from international donor organizations. It marked the first time Muslim leaders have come together in an international forum to collaborate on HIV/AIDS.

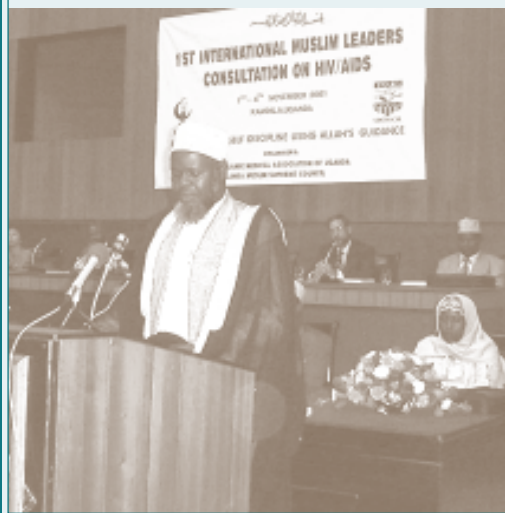
The conference sought to identify ways to strengthen and expand responses to the epidemic, both nationally and internationally. In addition to learning about experiences from the field,

participants broke into working groups that further explored topics. Working sessions centered around prevention, care and support, mitigating the socioeconomic impact of HIV/AIDS, and strengthening Islamic responses at local, country, and regional levels.

In supporting the consultation, the CORE Initiative strengthened partnerships between the international development community and a critical population that has often been overlooked. The consultation catalyzed a global Muslim initiative to combat HIV/AIDS and brought HIV/AIDS issues to the forefront of discussions with some of the world’s most influential Muslim leaders. Two muftīs, representing senior leadership from Africa and Southeast Asia, attended the conference and pledged to share what they had learned with other leaders from their respective countries. The consultation also provided a platform for participants to tap into the expertise of Muslim civil society organizations that had already developed culturally-sensitive approaches to HIV/AIDS-related issues.

THE FIRST INTERNATIONAL MUSLIM LEADERS' CONSULTATION ON HIV/AIDS

Sheikh Shaban Ramadhan Mubajji, the Mufti of Uganda, welcomes the delegates.



Delegates from Kenya and South Africa (left) and Uganda (above) attend the closing ceremony.



Photos courtesy of the POLICY Project.

SCALING UP:**DEMONSTRATION PROJECTS**

Responding to the HIV/AIDS pandemic requires implementing comprehensive, sustainable strategies that target a variety of objectives, issues, and sectors over time. The CORE Initiative's demonstration projects are designed to enhance the ability of community- and faith-based organizations to carry out large-scale, effective HIV/AIDS interventions. Demonstration projects have annual budgets of up to \$150,000 and timelines of up to three years. To qualify for project assistance, the organization's activities must support the goals of the initiative, including strengthening advocacy efforts, improving care and support, and/or reducing the stigma felt and experienced by PLWHA. These projects are expected to demonstrate long-term sustainability, and to demonstrate commitment of the sponsoring organizations through in-kind contributions of resources (personnel, space and equipment, cash match, etc.).²

Demonstration projects are currently underway with the Anglican Church of the Province of Southern Africa; the Organization of African Instituted Churches (OAIC); and the Circle of African Women Concerned/Yale Divinity School. These projects tackle issues that

are significant for a number of communities, and provide programmatic models for other organizations seeking to develop long-term, broad-based strategies to fight HIV/AIDS.

COMMUNITY AND REGIONAL PLANNING FOR EXPANDED HIV/AIDS RESPONSES (ANGLICAN CHURCH OF THE PROVINCE OF SOUTHERN AFRICA)

The nations within the boundaries of the Church Province of Southern Africa (CPSA) – Angola, Lesotho, Mozambique, Namibia, South Africa, and Swaziland – are among the countries hardest-hit by the HIV/AIDS pandemic. Many of these nations face generalized epidemics, with 25 percent or more of the adult population living with HIV/AIDS. This CORE Initiative demonstration project has three primary objectives:

- ❖ Engage in a process of strategic planning to guide responses to HIV/AIDS;
- ❖ Use this planning process to develop appropriate, sustainable plans and programs at the local and regional levels across the CPSA; and
- ❖ Support the HIV/AIDS desk in its broader HIV/AIDS initiatives.

² USAID provides only partial funding or support for these events/programs and ensures that its resources are restricted to non-religious, health and development activities consistent with Agency guidelines.

The POLICY Project's South Africa-based staff assist in achieving these objectives by coordinating conferences and workshops, providing technical assistance, and developing relevant materials and resources.

Lack of leadership commitment in some communities, silence and stigma surrounding HIV/AIDS, and difficulty balancing the realities of the epidemic with religious teachings on sexuality and human behavior, historically, have been a hindrance to local prevention, care, and support initiatives. Important progress in overcoming these types of obstacles was made during the first-ever "All Africa Anglican Conference on HIV/AIDS," convened by the Most Reverend Njongonkulu W.H. Ndungane, successor to Desmond Tutu as the Archbishop of Cape Town and Metropolitan of Southern Africa.

The conference, held in August 2001, was a watershed event in the response to HIV/AIDS, providing the opportunity for open dialogue, leadership, and planning. It brought together over 100 delegates from all nations in the sub-Saharan Africa region and from Anglican churches from other regions. In addition, representatives from international organizations attended, including the Pharmaceutical Research and Manufacturers Association, the World Bank, and UNAIDS.

Conference sessions were divided into two tracks. Representatives from all levels of the Anglican Church and a delegation of PLWHA participated in Track One, which included sessions that focused on the participants' personal experiences with HIV/AIDS, the vision they had about key issues facing their communities in relation to HIV/AIDS, and how they believed

churches and other community groups could best intervene in and contribute to the fight against the unfolding epidemic. Representatives from partner organizations, including international donors, AIDS service organizations, government departments, and civil society groups participated in Track Two, which also centered on personal experiences, key issues facing church communities, and possible interventions.

Working closely with the Anglican Church's HIV/AIDS Desk, the POLICY Project designed a planning model to enable conference participants to both contribute to the development of an integrated strategic plan and become familiar with a step-by-step planning approach that can be adapted for use at the local level. The collaborative, participatory process of the conference led to the creation of the All Africa Anglican AIDS planning framework called "Our Vision, Our Hope: The First Step." In adopting the framework, the Anglican churches of Africa pledged to work toward "a world free from AIDS" and called on their members to break the silence on HIV/AIDS, end stigma, and confront poverty, conflict, and gender inequalities.

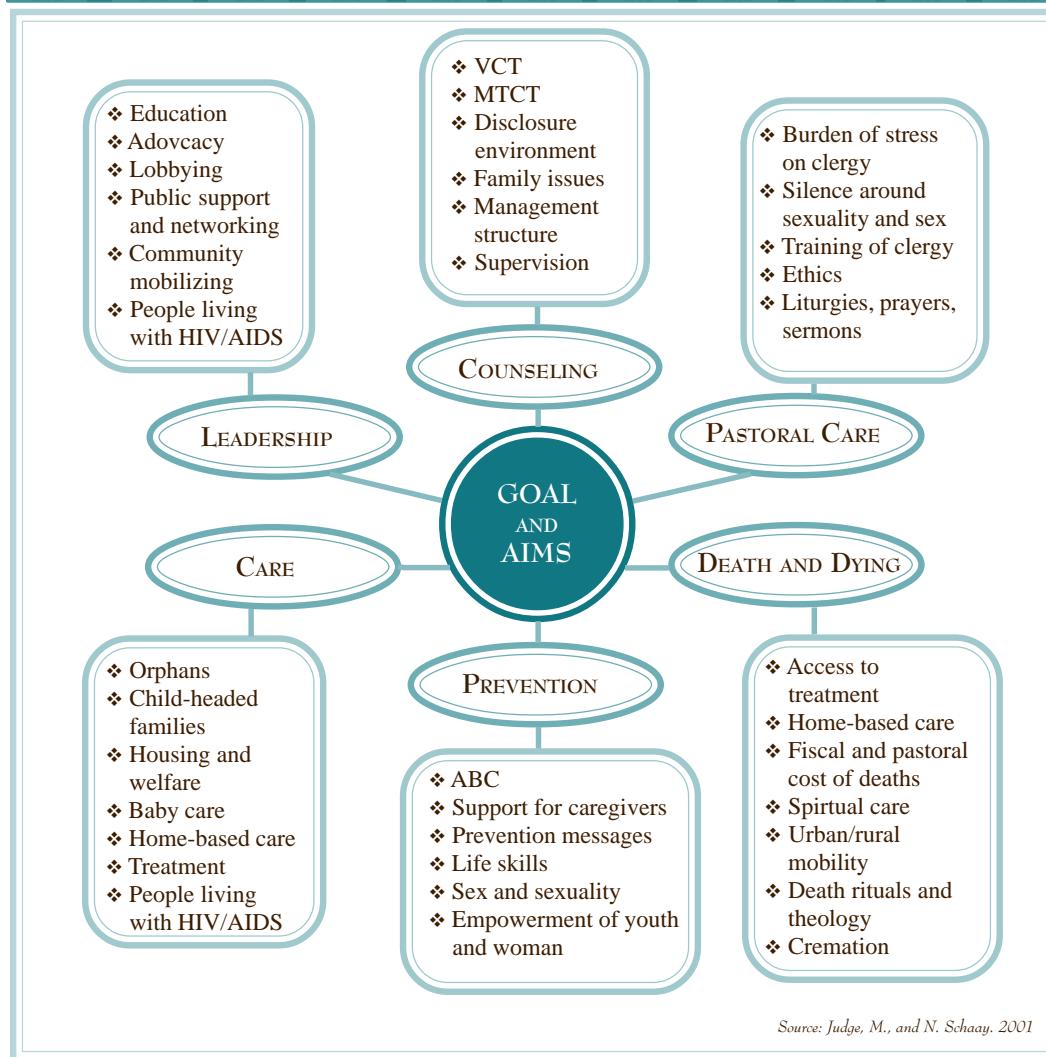
The strategic planning framework encompasses care, counseling, death and dying, leadership, pastoral care, and prevention. Each priority action area involves a range of complex issues, challenges, and responses. In the area of care, for example, conference participants discussed the need to develop home-based care programs; improve access to affordable, appropriate treatment; empower and support PLWHA; address grief and trauma; and assist orphans and child-headed households.

Section IV

Based on the step-by-step planning process of the conference, a training manual was prepared to facilitate integrated strategic plans at regional and local levels (see Appendix C). Using the planning manual as the main tool, regional workshops were conducted. As a result,

participants formulated plans to guide the implementation of HIV/AIDS activities at the grassroots level. It is expected that all local plans will be finalized and adopted by mid-2002, culminating in a complete strategic planning framework for the CPSA at all levels.

Priority Action Areas for the Anglican Communion



BUILDING COMMUNITY SUPPORT SYSTEMS FOR HIV/AIDS PREVENTION, CARE, AND SUPPORT (ORGANIZATION OF AFRICAN INSTITUTED CHURCHES)

This project expands on the framework developed during the Gaborone and Lagos Consultations in 2001 (see Section III) to enhance the capacity of representatives in 21 countries to develop and implement appropriate, sustainable responses to the epidemic. The first year of the project is focusing activities in Botswana, Ghana, Kenya, Lesotho, Nigeria, South Africa, Sudan, Swaziland, Tanzania, Uganda, and Zimbabwe. The means for strengthening the OAIC's response to HIV/AIDS include regional and country-level consultations; a trainer-of-trainers program; creation of community

support groups; and a commitment to networking and collaboration.

African instituted churches (AICs) are primarily micro-churches found mostly in rural areas or low-income areas of urban centers. Limited skills and capacity to deal with HIV/AIDS has restricted the AICs' access to resources (both financial and informational). Lacking the mechanisms and support systems to implement HIV/AIDS programs designed to meet the unique needs of their own congregations, the only option for AICs is to join in the efforts of other local churches – which may or may not be appropriate for the AIC members. At the same time, however, AICs are closely linked with the local, traditional culture of the communities they serve and are therefore well-positioned to speak to and encourage a rethinking of traditional practices that may put people at risk.

Intended Outcomes of the OAIC Project

- ❖ A high level of awareness among AIC leaders that will lead to expanded HIV/AIDS prevention and care programs.
- ❖ Commitment among AIC leaders to reduce stigma by advocating for the needs of PLWHA and orphans and vulnerable children.
- ❖ Strong multidisciplinary trainer-of-trainer teams that will respond to training needs at country and church-denomination levels.

- ❖ Local initiatives that will have a multiplier effect on the number of people and grassroots organizations involved in HIV/AIDS prevention, care, and support in both informal and formal structures.
- ❖ Emergence of women's and youth programs designed to address their critical needs.
- ❖ Mobilization of local resources to support the implementation of grassroots HIV/AIDS programs.

- ❖ Strong networks of community- and faith-based organizations at the grassroots level.
- ❖ Well-coordinated HIV/AIDS programs at denominational levels.
- ❖ Recognition and involvement of PLWHA in both prevention and care programs.
- ❖ Strong advocacy networks that will influence HIV/AIDS policy from the grassroots to higher levels.

The next phases of the project will focus on building capacity at the local level and implementing strategies identified at the regional and country-level consultations. These objectives will be accomplished through the trainer-of-trainers program and the community support groups. Each participating country will train a minimum of 20 trainers who will each, in turn, train 20 “enablers” over a six-month period. The enablers, drawn from local churches and organizations, will help establish community support groups to aid the organizations in integrating HIV/AIDS prevention, care, and support activities into their existing programs. These organizations will be representative of the communities they serve and may include formal and informal groups, women’s organizations, programs for children and youth, health care organizations, small businesses, and others. The hope is that these local initiatives will have a multiplier effect on the number of people and organizations involved in HIV/AIDS activities at the grassroots level.

THE INTERSECTION OF GENDER, FAITH, AND HIV/AIDS (CIRCLE OF AFRICAN WOMEN CONCERNED/YALE DIVINITY SCHOOL)

Organizations and activists the world over have advocated for the need to consider gender when designing HIV/AIDS prevention, care, and support programs. At present, many faith traditions subordinate women and therefore contribute – directly or indirectly – to women and girls’ increased risk of HIV infection. The

aim of this demonstration project is to initiate and sustain partnerships between women in the West and women from Africa who are committed to life-affirming responses to HIV/AIDS. The project’s primary objectives are to

- ❖ address the intersections of gender, faith, and HIV/AIDS in ways that lead to the empowerment of women;
- ❖ mobilize the resources of worldwide faith-based communities in order to transform traditional beliefs and attitudes regarding sexuality and the status of women;
- ❖ discern and articulate, in the context of international partnership, useful next steps (including the identification of financial resources) that can be taken in Africa regarding women’s response to HIV/AIDS; and
- ❖ discover elements for future actions and potential networks whereby women from the United States can be in solidarity with and accountable to women in Africa who are addressing HIV/AIDS.

Leadership Crisis

“There is a leadership crisis in the church, mosques, and religious organizations; in the social programs for vulnerable people (women and orphans; and people living with HIV/AIDS). The academic sectors are not reaching out to their religious leaders. The theologians and the pastors need to connect. There needs to be a targeting of leadership among all these religions because the leadership crisis is one [that] no one is addressing.”

~ Working group paper on Ethics of Life

Section IV

As a first step, the CORE Initiative and Yale Divinity School hosted a conference in early 2002 that brought together women theologians and international development experts from 16 countries and 22 faiths. Through personal testimony, presentation of professional papers, and group discussion, the women endeavored to more clearly understand the contributing factors for women's increased risk of HIV infection and how these may be mitigated.

Presentations were made on the "HIV/AIDS Work of African Women in Faith Communities" and "Theological and Ethical Imperatives." Small groups convened around the issues of ethics of life, sexuality, injustice and conflict, participation of women, and resources. The purpose of these groups was to carry out the mission of the consultation by focusing on the next steps to be taken together to encourage religious and cultural

transformation through women's initiatives in faith-based communities and to mobilize resources necessary for responding to the HIV/AIDS pandemic.

At the end of the three-day conference, the participants identified the next steps for continuing the struggle against HIV/AIDS in Africa. The first step, explained in the summary paper, was to continue to support the Circle of African Women Concerned to help the group hold meetings, prepare publications, and expand membership to include women from different traditions and women living with HIV/AIDS. The second step involved continuing to build partnerships and networking with other educational institutions in the HIV/AIDS struggle in Africa and around the world. The third step is the development of an accountability group from the different regions, different religions, and sectors, including PLWHA, to monitor the progress and impact of the consultation.



Photo courtesy of the POLICY Project.

Participants of the Women's Initiative Conference gather for a Shalom Meal.

CONNECTING COMMUNITIES:

THE ONLINE RESOURCE CENTER

A common finding of the various conferences and projects supported by the CORE Initiative is that community- and faith-based organizations often lack the resources and information to successfully mobilize against HIV/AIDS. They need assistance in finding information regarding HIV/AIDS prevention, care, support, and related issues; guidance in networking with various organizations; and help in accessing financial and other resources.

To address these needs, the CORE Initiative developed and maintains the Online Resource Center (<http://www.coreinitiative.org>). It serves as a comprehensive information resource for community- and faith-based organizations working to address HIV/AIDS throughout the world. It is also increasingly evolving into an interactive site where individuals can discuss the challenges they face, share success stories, make connections with like-minded organizations, and seek advice. The website has several functions:

- ❖ Provide up-to-date information about the CORE Initiative;
- ❖ Highlight the work of community- and faith-based groups involved in HIV/AIDS activities;
- ❖ Bring the voice and experience of those who are working at the community level to policymakers;
- ❖ Provide a forum for the exchange of information, peer technical assistance, and capacity building;

- ❖ Improve access to accurate and appropriate information resources, and serve as a clearinghouse of information pertaining to community mobilization and HIV/AIDS; and
- ❖ Provide information on events relevant to those working at the community level.

KEY FEATURES

Some of the key features of the Online Resource Center are summaries of the initiative's ongoing project activities; updated resources, news, and events; links to faith, community, and international organizations; and an electronic forum and newsletter.

The *Project Activities* page includes information on each of the initiative's components (conferences, empowerment grants, demonstration projects, and other supported events) and includes electronic versions of the resolutions, action plans, and frameworks that emerge from those projects.

The *Resource Center* page is updated as new documents and materials become available. Some of the topics include PLWHA, stigma and discrimination, orphans and vulnerable children, strategic planning, and HIV/AIDS and social change.

The *News & Events* page provides up-to-date information on HIV/AIDS conferences, statements and speeches by individuals involved in HIV/AIDS work, and news briefs and reports.



The **e-Forum** page allows individuals to join the discussion listserv and view previous messages. Through the e-forum, participants can share news and views on

“Thank you for this innovative discussion initiative ... We on the frontline, the epicenter of the unfolding blood bath, need a lot of support and this forum will certainly go a long way. Let’s keep the forum going.”

~ CORE Initiative e-Forum Participant

HIV/AIDS with other community- and faith-based organizations around the world; post information about their own organizations, grants and resources, international job vacancies, upcoming conferences, and research reports; and make inquiries about health issues.

Finally, participants can also sign up for the CORE Initiative’s **electronic newsletter**. The e-newsletter provides information about the initiative, news pieces that are relevant to community- and faith-based organizations, and stories and project descriptions from PLWHA and individuals working to address the epidemic.

LOOKING AHEAD:

LESSONS LEARNED AND FUTURE DIRECTIONS

LESSONS LEARNED

The CORE Initiative has provided the unique opportunity to partner with a diverse range of organizations drawn from different faiths, cultures, geographic regions, and points along the pandemic's continuum. This work sheds light on several insights into the leadership, support, skills, and resources needed by grassroots organizations to effectively mobilize against HIV/AIDS.

COMMITMENT

In galvanizing commitment for action on HIV/AIDS, it is important to avoid the typical trade-off between top-down and bottom-up or grassroots approaches – both are essential to building a comprehensive response to the epidemic.

Many community- and faith-based organizations have begun to reassess their position on their roles with respect to HIV/AIDS. Often, this has been achieved in groups where significant buy-in at the top level (e.g., bishops, muftis, community leaders) has driven commitment to the planning process and the need to take action. These faith and community leaders possess significant influence at international, national, and local levels – they can serve as agents of change and role models for fellow community members.

Targeting top-level members of organizations ensures leadership and the support that comes from the official institution and its associated resources.

At the same time, pressure for change and action also often come from the ground up. Community members look to their leaders for guidance; however, they are the ones who must be equipped to address the daily burden of a society affected by HIV/AIDS. Individuals at the grassroots level may be more in-touch with the needs and aspirations of the community than high-level officials. Bottom-up strategies, that encourage active participation of community members, can help ensure broad-based support and ownership of programs. Having commitment from both the organization's leadership and its members will improve chances for dissemination, implementation, sustainability, and replication of HIV/AIDS policies, plans, and programs.

CAPACITY

Many organizations are eager to contribute to the fight against HIV/AIDS, yet a lack of capacity prevents them from becoming involved in a meaningful way. Technical assistance should focus on helping organizations understand the needs and assets of their respective communities, and formulate programs and supporting structures to meet their self-determined objectives.



Building capacity prepares organizations and provides them with the tools and skills to develop, implement, and monitor interventions to address HIV/AIDS. Community- and faith-based organizations have a number of needs when it comes to building capacity. Some of the challenges that delegates from community- and faith-based organizations identified include lack of knowledge about HIV/AIDS, lack of clear policies and strategies regarding HIV/AIDS, and a lack of adequate structures to carry out programs.



Photo courtesy of the POLICY Project.

With CORE Initiative support a number of community- and faith-based organizations conducted strategic planning and training exercises that helped them identify priority action areas, articulate plans of action, adapt and disseminate these plans to all organizational levels, and implement programs. One pathway to building capacity is to integrate HIV/AIDS work into existing programs. Existing structures within community- and faith-based organizations (e.g., women’s groups, care networks, income-generation activities, and youth groups) can serve as a springboard for building organizational HIV/AIDS capacity and developing relevant interventions.

COLLABORATION

Networking is a critical element of comprehensive and integrated responses. Once organizations have made the commitment to address HIV/AIDS and have begun the process of building their skills and capacity, an important next step is to link up with other organizations to learn from each other’s experiences; share resources; take advantage of each other’s unique strengths; and provide a united front when advocating for improved policies and programs.

Community- and faith-based organizations need assistance in identifying partnership opportunities and guidance on how to foster strong networks. Collaboration may occur across community- and faith-based organizations, or may involve building partnerships with other types of groups, such as AIDS service organizations, PLWHA associations, businesses, government agencies, and networks of health professionals. Several of the CORE Initiative-supported conferences and demonstration projects have sought to build partnerships, and, as countries continue to develop national and local strategies to address HIV/AIDS, there will be increasing opportunities for collaboration within and across faiths and communities.

COMMUNICATION

One of the obstacles to mobilizing community- and faith-based organizations has been a lack of accurate, objective information on HIV/AIDS, including the prevention, transmission, epidemiology, treatment, human rights issues, contributory factors, and material and

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human impacts and costs of the disease. There is also a lack of awareness of what other organizations are doing with regard to HIV/AIDS. Information communication technology such as the Internet, is instrumental in efforts to mobilize a global community- and faith-based response to HIV/AIDS. These resources can enhance the exchange of information, serve as platforms for building partnerships, and assist donor organizations and project leaders by facilitating program management.

CONTEXT

The HIV/AIDS epidemic requires programs that address needs at the local level and small, localized efforts carried out by empowered communities can make a big difference. The experience of the CORE Initiative's Empowerment Grants Program demonstrates the variety of priorities and strategies that are involved in the fight against HIV/AIDS. Community- and faith-based organizations, with grants of less

than \$5,000, are working to form a self-help group for Muslim girls in Bangladesh; promote the health of Mayan communities in Guatemala; empower PLWHA in Guyana; set up an adoption system in Jamaica; improve the care and support skills of traditional healers in South Africa; use drama to raise awareness among adolescents in Ukraine; establish an HIV/AIDS resource center in Uganda; and much more. In addition, while the initiative's demonstration projects seek to mobilize commitment and resources across countries and organizations, they also work to adapt priorities and plans to the local context. The great success of the demonstration projects has been the CORE Initiative team's ability to develop the frameworks, models, and processes that can illuminate and articulate local needs, objectives, and programs.

FUTURE DIRECTIONS

The magnitude and diversity of grassroots organizations needing assistance – and yet clamoring to join efforts – to combat HIV/AIDS is both daunting and inspiring, in equal measure. The activities and progress made during the first year of the CORE Initiative have established a strong foundation on which to build in coming years. The focus of the initiative now moves to the implementation stage, with conferences and strategic planning activities having already developed frameworks for local-level interventions. The demonstration projects will work to disseminate and adapt plans, skills, and programs to all organizational levels, and



Panelists Emilie Townes, left, and Prafulla Jaientilal, right, listen as participants of the conference on "Gender, Faith, and HIV/AIDS in Africa" discuss building partnerships among women theologians around the world.

Photo courtesy of the POLICY Project.



Section VI

the grants program will continue to provide seed money to important localized efforts. The Online Resource Center, officially publicized in late 2001, seeks to become an increasingly interactive source of information, technical assistance, and networking for community- and faith-based organizations.

As noted in the introduction of this report, the HIV/AIDS epidemic, given its interconnections with other societal factors, requires tackling a variety of issues and circumstances at once. To date, the CORE Initiative has focused on increasing advocacy and raising awareness, reducing the stigma surrounding HIV/AIDS, and improving care and support. Building on the experience of USAID's Africa Bureau,

and recognizing that sub-Saharan Africa has been the hardest hit by the epidemic, the initiative has focused on strengthening partnerships in that region.

As the CORE Initiative expands under a new cooperative agreement, it will seek to develop an even broader global presence, design programs to meet the different needs of high- and low-prevalence countries, and direct more attention to prevention efforts among groups who engage in high-risk behaviors. Finally, the CORE Initiative will contribute to the growing body of work on mobilizing community- and faith-based organizations by disseminating success stories and best practices from the various projects supported by the initiative.



Photo courtesy of the Youth Public Organization.

A member of the Youth Public Organization meets with Ukrainian secondary students following a dramatic performance designed to raise awareness of HIV/AIDS transmission and prevention.

APPENDIX A:**EMPOWERMENT GRANT DETAILS****Applications Received by Country**

Angola: 4
 Bangladesh: 3
 Barbados: 1
 Benin: 7
 Botswana: 3
 Brazil: 1
 Burkina Faso: 14
 Burundi: 6
 Cambodia: 2
 Cameroon: 11
 Canada: 1
 Chad: 1
 Chile: 1
 China: 1
 Côte d'Ivoire: 3

Czech Republic: 1
 D.R. Congo: 8
 Dominican Republic: 17
 Ecuador: 5
 Estonia: 2
 Ethiopia: 11
 Germany: 1
 Ghana: 21
 Guatemala: 8
 Guinea: 2
 Guyana: 6
 Haiti: 2
 Honduras: 1
 India: 33
 Indonesia: 7

Israel: 1
 Jamaica: 3
 Kenya: 174
 Kyrgyzstan: 1
 Lesotho: 1
 Liberia: 1
 Madagascar: 2
 Malawi: 47
 Mali: 1
 Mauritania: 1
 Mexico: 1
 Moldova: 1
 Mozambique: 5
 Namibia: 4
 Nigeria: 99

Norway: 1
 Pakistan: 4
 Peru: 1
 Republic of Congo: 3
 Russia: 2
 Rwanda: 11
 Senegal: 2
 Sierra Leone: 11
 Somalia: 1
 South Africa: 42
 Sri Lanka: 1
 St. Kitts: 1
 St. Lucia: 2
 Sudan: 1
 Swaziland: 5

Tanzania: 22
 Thailand: 2
 Togo: 6
 Trinidad: 2
 Uganda: 78
 Ukraine: 12
 United Kingdom: 3
 United States: 21
 Vietnam: 1
 Zambia: 37
 Zimbabwe: 26



Empowerment Grant Recipients {alphabetically by country and within countries}

Organization of Development Programs for the Underprivileged (ODPUP)
Country: Bangladesh
Type of organization: CBO
Focus Area: IEC
Grant Awarded: \$4,711

ODPUP is an organization that has been serving a broad spectrum of the poor and destitute populations of Bangladesh since 1995. The goal of its project is to assist Muslim adolescents, especially girls, in creating a positive environment for learning and increasing knowledge of HIV/AIDS, sexually transmitted infections (STIs), and reproductive health. The second goal is to form a self-help group to serve the adolescent girls in the community. Some of the strategies ODPUP plans to use include: forming a project management committee with parents of the adolescents served; establishing a drop-in center for the girls (providing a safe space for them to raise their voices against discrimination and social stigma); incorporating reproductive health education and gender issues in the girls' dialogue sessions; providing education by renowned female Muslim leaders; providing a training course on HIV/AIDS for peer educators; holding monthly meetings including the parents of the adolescents; and conducting a seminar/workshop.

Solidarite et Echanges Nord-Sud (SENS-ONG)
Country: Benin
Type of organization: CBO
Focus Area : IEC/Stigma and Discrimination
Grant Awarded: \$4,913

SENS-ONG is an NGO that was created in 1993 to organize and implement systematic school- and community-based education activities to inform students and the general public about the reality of HIV/AIDS and methods of prevention. With its grant, SENS-ONG will conduct educational activities targeted specifically at company heads and managers of construction, transit, and food businesses. At the same time, the organization will work to protect the rights and livelihoods of HIV-positive workers, as many lose their jobs upon discovery of their HIV status. SENS-ONG plans to raise awareness about discrimination in the workplace and provide legal assistance for PLWHA who have lost their jobs.

Associação de Ação Solidário
Country: Brazil
Type of organization: CBO
Focus Area: IEC
Grant Awarded: \$5,000

The grant to Brazil's Associação de Ação Solidária will fund a series of participatory workshops at schools, community halls, and churches in low-income areas. PLWHA from low-income areas will conduct these workshops, which are intended to educate low-income populations about HIV/AIDS and encourage them to adopt safer practices.

Vigilance
Country: Burkina Faso
Type of organization: FBO
Focus Area: IEC/Care and Support
Grant Awarded: \$4,333

Vigilance received a grant to conduct a four-day seminar with church leaders in Burkina Faso. The seminar will increase awareness of the nature, history, and problems associated with the HIV/AIDS epidemic; equip participants to teach and train their fellow organization members about HIV/AIDS and healthy lifestyles; and communicate the need for religious institutions to reach out to PLWHA and others affected through care programs, home visits, and more.

Episcopal Church of Burundi
Diocese of Gitega
Country: Burundi
Type of organization: FBO
Focus Area: IEC
Grant Awarded: \$5,000

The Diocese of Gitega was founded in 1985 and has approximately 300,000 members. The situation in Burundi, which has large displaced populations living in poor conditions, has contributed to the further spread of HIV/AIDS. This project helps create awareness in the displaced populations across five provinces by first identifying people from the displacement camps to be trained as trainers. The trainers will then return to their camps to educate and create awareness of HIV/AIDS. The Diocese itself will conduct follow-up activities at the camps with interviews and discussions twice per month.

Tean Thor Association
Country: Cambodia
Type of organization: CBO
Focus Area: Stigma and Discrimination
Grant Awarded: \$4,000

The Tean Thor Association ("Acts of Compassion") is a nonsectarian NGO that works closely with both Buddhist Monks and the Catholic Office for Emergency Relief and Refugees. It received a grant to organize and conduct AIDS Day activities in primary schools, involving presentations and visits by human rights experts, Buddhist monks from 16 pagodas, and AIDS orphans. These activities are intended to reduce discrimination against children orphaned or affected by HIV/AIDS.

Empowerment Grant Recipients {alphabetically by country and within countries}

Club Des Amis (Association des Personnes Vivant Avec le VIH/SIDA)
Country: Côte d'Ivoire
Type of organization: CBO
Focus Area: IEC/Stigma and Discrimination
Grant Awarded: \$4,584

Le Club des Amis is an association of PLWHA that was created in 1994. The association has over 420 members, of which 300 are women. One of the association's primary activities is to provide care and support to orphans and vulnerable children. Le Club de Amis received a grant to carry out a community mobilization program aimed at raising HIV/AIDS awareness among adolescents and young women (age 15–35) in three districts of Grand-Bassam. The organization will also promote de-stigmatization of HIV/AIDS in these communities.

Orphans Development Programme International
Country: Democratic Republic of Congo
Type of organization: CBO
Focus Area: IEC
Grant Awarded: \$4,970

Orphans Development Programme International received a grant to conduct IEC activities targeted to women in childbearing age groups in the Democratic Republic of the Congo. The IEC activities seek to educate women about mother-to-child transmission of HIV/AIDS and provide guidance on reducing the risk of HIV infection. The organization will also provide counseling for couples with the goal of encouraging HIV testing and giving training on the proper use of condoms to reduce further spread of the virus.

Corporación Kimirina
Country: Ecuador
Type of organization: CBO
Focus Area: IEC
Grant Awarded: \$5,000

Corporación Kimirina is an NGO that received a grant to institute an awareness-raising program with print and broadcast journalists to improve the level and quality of reporting on HIV/AIDS with an emphasis on reducing stigma toward PLWHA. The grant supports one-on-one visits with key actors in the media, the distribution of comprehensive statistics and information on the situation in Ecuador, and workshops on relevant topics.

Fundación Agustín Tomala - SIM-
Country: Ecuador
Type of organization: CBO
Focus Area: IEC/Care and Support
Grant Awarded: \$5,000

Ecuador's Fundación Agustín Tomala conducts IEC activities and provides care to PLWHA. Its grant will support prevention training, volunteer training, ongoing dissemination of relevant information, a support group, and World AIDS Day activities.

Food for the Hungry International-Ethiopia
Country: Ethiopia
Type of organization: CBO
Focus Area: IEC
Grant Awarded: \$5,000

The Ethiopian chapter of Food for the Hungry International received a grant to organize workshops and training sessions for local NGOs, community-based organizations, and government staff to help them understand the impact of HIV/AIDS and address the epidemic. Some of the activities that will be undertaken are IEC, voluntary counseling, support to orphans and affected family members, support to public health institutions, and formation of anti-HIV/AIDS clubs in schools.

Africa Rural Medical Aid Foundation
Country: Ghana
Type of organization: CBO
Focus Area: IEC
Grant Awarded: \$4,924

Ghana's Africa Rural Medical Aid Foundation mobilizes, organizes, and strengthens associations for the deaf and hearing impaired. With its grant, the foundation will advocate and lobby for the right of those who are deaf and hearing impaired to accurate, accessible information on HIV/AIDS.

Project Hagar
Country: Ghana
Type of organization: CBO
Focus Area: IEC/Care and Support
Grant Awarded: \$4,409

Project Hagar was awarded a grant to reduce the level of vulnerability among economically- and socially-challenged women. The organization will create awareness among this group as to their level of risk and encourage behavior change; give preventive and supportive counseling to those affected and infected by STIs and HIV/AIDS; and provide daytime childcare.



Empowerment Grant Recipients {alphabetically by country and within countries}

<p>Asociación de Salud y Desarrollo (RXIIN TNAMET) Country: Guatemala Type of organization: CBO Focus Area: IEC Grant Awarded: \$5,000</p>	<p>RXIIN TNAMET, founded in 1995, works to promote the health of Mayan communities. The NGO received a grant to educate young men (age 15–19) in three communities in Solola about HIV/AIDS issues and prevention. In doing so, RXIIN TNAMET hopes to address the lack of reproductive health information outside of urban areas and protect indigenous populations from the further spread of HIV/AIDS. The organization will conduct training seminars on HIV/AIDS prevention and the Mayan language; produce relevant radio micro-programs; and update the organization's own information systems and resources.</p>
<p>Guyana Responsible Parenthood Organization Country: Guyana Type of organization: CBO Focus Area: IEC/Care and Support Grant Awarded: \$4,066</p>	<p>The Guyana Responsible Parenthood Organization was established in 1973 to “promote responsible sexual behavior and family life.” The NGO received an award to implement key elements of the UNAIDS “Greater Involvement of People Living with AIDS” protocol. They will conduct workshops for 40 PLWHA to build self-esteem and increase life skills, as well as in-depth skills training with at least 15 PLWHA each week over a three-month period.</p>
<p>Association for People Living with AIDS & HIV Infection Country: India Type of organization: CBO Focus Area: IEC Grant Awarded: \$4,785</p>	<p>The Association for People Living with AIDS & HIV Infection was the first PLWHA group in India. They have been in existence since 1992 and currently have more than 200 members. The association received a grant to advocate for greater participation of PLWHA in India's National AIDS Control Program. They will organize a national symposium to document the status of involvement of PLWHA; identify the barriers to involvement in decision-making processes; disseminate information about government plans; and devise strategies to increase the participation of PLWHA throughout the country.</p>
<p>National Lutheran Health and Medical Board Country: India Type of organization: FBO Focus Area: IEC Grant Awarded: \$3,076</p>	<p>The National Lutheran Health and Medical Board received an award to conduct an AIDS awareness program using street theater, drama, and folk arts in 10 villages in a rural mountainous region of the state of Tamil Nadu, India. The program is intended to increase understanding of the disease and its modes of transmission, promote condom use, and encourage voluntary counseling and testing.</p>
<p>Self-Employed Welfare Association Country: India Type of organization: CBO Focus Area: IEC Grant Awarded: \$5,000</p>	<p>With its grant, the Self-Employed Welfare Association will hold community meetings to raise awareness on HIV/AIDS diagnosis, prevention, and home-based care in slum areas of two towns. They will also seek to educate the public through photo exhibitions, wall writing, posters, and pamphlets.</p>
<p>Christ Church Anglican in Kingston Country: Jamaica Type of organization: FBO Focus Area: Care and Support Grant Awarded: \$3,912</p>	<p>Jamaica's Christ Church Anglican received a grant to establish an adoption system for orphans in the Kingston area. Other activities include establishing a referral system between caregivers and counselors, supporting and monitoring the organization's services, and developing a home-based care program.</p>
<p>Hope Africa Women's Organization Country: Kenya Type of organization: CBO Focus Area: Care and Support Grant Awarded: \$ 5,000</p>	<p>The goal of the Hope Africa Women's Organization's project is to address the psychosocial/mental health of PLWHA and affected community members in Kenya. Monthly three-day workshops will be held for 120 individuals over the course of three months. Those found to be in need of additional care will be referred to existing counseling centers.</p>

Empowerment Grant Recipients {alphabetically by country and within countries}

<p>Jitegemee Youth Group Country: Kenya Type of organization: CBO Focus Area: IEC/Care and Support Grant Awarded: \$5,000</p>	<p>The Jitegemee Youth Group was formed in 1993 by 30 orphans. Their primary aim was to develop income-generating projects to help support themselves and prevent others from becoming street children. As the AIDS epidemic became a reality for them, group members incorporated the fight against HIV/AIDS into their activities. The Jitegemee Youth Group's grant will provide support to a variety of services, including counseling, education/awareness, and support to PLWHA. Community training will be conducted using workshops, seminars, and youth rallies to address stigma and discrimination. Counseling will be provided during home visits to PLWHA. These home visits will also provide small business training. In order to ensure proper nutrition, food will be also supplied. And, finally, they will support HIV-positive students in their desires to attend schools.</p>
<p>Pioneer Players Puppetry Group Country: Kenya Type of organization: CBO Focus Area: IEC Grant Awarded: \$3,706</p>	<p>The Pioneer Players of Kenya received a grant to conduct an HIV/AIDS community education program using puppetry. In addition, they will give referrals to testing sites, distribute informational materials, facilitate counseling by special family health agents, and incorporate an outreach program into the shows.</p>
<p>Adventist Development and Relief Agency Country: Madagascar Type of organization: FBO Focus Area: IEC Grant Awarded: \$5,000</p>	<p>The Adventist Development and Relief Agency received a grant to develop and field-test a youth life-skills curriculum to "influence and nurture the development of positive, protective decision making . . . among adolescents in faith communities across Madagascar." It will also support a five-day training session for 15 participants, two national radio broadcasts per month for four months, production of 3,000 leaflets, and a range of other activities.</p>
<p>Livingstonia Synod AIDS Control Program Country: Malawi Type of organization: FBO Focus Area: Stigma and Discrimination Grant Awarded: \$1,715</p>	<p>The Livingstonia Synod AIDS Control Program received a grant to conduct activities aimed at eliminating the stigma associated with HIV/AIDS so that those who die of the disease are allowed to die with dignity and respect.</p>
<p>Church of God Country: Mozambique Type of organization: FBO Focus Area: IEC/Care and Support Grant Awarded: \$4,988</p>	<p>The Church of God in Mozambique was awarded a grant to train 150 community volunteers from 23 churches to provide care and support to PLWHA and to counsel others on how to prevent infection.</p>
<p>Federation of Muslim Women's Associations in Nigeria (FOMWAN) Country: Nigeria Type of organization: FBO Focus Area: IEC Grant Awarded: \$4,714</p>	<p>FOMWAN has over 20,000 members and over 200 associations as affiliates. Its grant will support activities aimed at creating awareness of HIV/AIDS transmission and prevention, sexually responsible behavior, and how to live with PLWHA. One activity involves advocacy visits to the League of Imams and Alfas, who act as a regulatory body on the conduct of religious leaders. FOMWAN will sensitize the religious leaders to HIV/AIDS issues and enlist their assistance in the education of their followers, especially during the Friday prayers. The federation will also train people from each of the local government areas, who will in turn return to their home associations to spread awareness with emphasis placed on the eradication of negative cultural practices that enhance the spread of HIV/AIDS. Informational materials in local languages will be produced and distributed to FOMWAN members to facilitate the education process.</p>



Empowerment Grant Recipients {alphabetically by country and within countries}

<p>Ohioma Foundation for Development Country: Nigeria Type of organization: CBO Focus Area: Care and Support Grant Awarded: \$5,000</p>	<p>The Ohioma Foundation for Development received a grant to provide care and support for Nigerian AIDS orphans in the areas of education, nutrition, health, and shelter and protection.</p>
<p>Ogoni Youth Development Project Country: Nigeria Type of organization: CBO Focus Area: IEC Grant Awarded: \$4,693</p>	<p>The Ogoni Youth Development Project will use its grant to implement a program to reduce STIs, especially HIV/AIDS, among youth through behavior change strategies and peer health education.</p>
<p>Youth AIDS Program Country: Nigeria Type of organization: CBO Focus Area: IEC Grant Awarded: \$4,971</p>	<p>The Nigeria Youth AIDS Program received a grant to conduct in-depth training in advocacy and training for provision of HIV/AIDS and reproductive health information and services. The training will target parents, community and religious leaders, youth associations, trade and transport unions, and teachers in Lagos.</p>
<p>Episcopal Church of Rwanda/ Diocese of Kigali Country: Rwanda Type of organization: FBO Focus Area: IEC/Stigma and Discrimination Grant Awarded: \$4,993</p>	<p>The Diocese of Kigali program will allow two nurses to travel to rural areas to conduct HIV/AIDS education courses. Courses would also include information on common illnesses such as diarrhea, worms, and malaria, as these diseases also affect many rural residents. The program will include an effort to reduce stigma attached with HIV/AIDS, with the local pastor involved to offer long-term support for the people and the project.</p>
<p>Society for Women and AIDS in Africa Country: Rwanda Type of organization: CBO Focus Area: IEC Grant Awarded: \$5,000</p>	<p>The Rwanda affiliate of the Society for Women and AIDS in Africa received a grant to develop print, audio, and video materials for a national distribution and broadcast campaign to inform women and girls about HIV/AIDS and how they can protect themselves from infection.</p>
<p>Phaphamani Home Based Care Country: South Africa Type of organization: CBO Focus Area: Care and Support Grant Awarded: \$4,364</p>	<p>The goal of this project is to train educators on HIV/AIDS. The training focuses on teaching the sick and their home-based caregivers how to properly provide care. From this group of 15 trainees, four will later be selected to receive further training that will allow them to become trainers. This builds the capacity of the organizations and decreases their dependence on training from the outside.</p>
<p>Promotion of Traditional Medicine Association (PROMETRA) Country: South Africa Type of organization: CBO Focus Area: Stigma and Discrimination Grant Awarded: \$3,492</p>	<p>The South Africa chapter of PROMETRA, which has 25,500 members, received a grant to identify and address the practices and methods of practitioners that may contribute to stigmatization. Its training program will build the skills of practitioners – relied on by some 85 percent of the country's African community – so that they are better able to promote healthy prevention messages and nonjudgmental language to reduce stigma.</p>

Empowerment Grant Recipients {alphabetically by country and within countries}

Rob Smetherham Bereavement Service for Children
Country: South Africa
Type of organization: CBO
Focus Area: Care and Support
Grant Awarded: \$2,501

The Rob Smetherham Bereavement Service for Children received a grant to educate and train community members to meet the emotional needs of children affected by AIDS deaths and associated bereavement. An initial awareness program will take place for adults in the community to facilitate the identification of the children to take part in the counseling.

Tumaini Women's Group
Country: Tanzania
Type of organization: CBO
Focus Area: Care and Support
Grant Awarded: \$4,900

Tumaini Women's Group, a support group for women widowed by HIV/AIDS, received a grant to establish micro-enterprises to support widows. The group will also provide for the school fees, textbooks and supplies, lunches, medical check-ups, and uniforms of 32 orphans to enable them to attend school.

Life Development Centre
Country: Thailand
Type of organization: CBO
Focus Area: IEC/Care and Support
Grant Awarded: \$4,710

Thailand's Life Development Centre received a grant to support three activities: a meeting of community leaders to discuss their role in fighting HIV/AIDS; the meetings of the women's and youth groups network committee members, once every four months, to discuss network activities and plans; and volunteer outreach to disseminate HIV/AIDS and drug information, as well as visit and assist AIDS patients.

Methodist Church
Country: Togo
Type of organization: FBO
Focus Area: IEC
Grant Awarded: \$4,714

The Methodist Church of Togo received a grant to prepare materials and establish a permanent team responsible for HIV/AIDS awareness within the church. It will also train 1,500 women and young people on HIV/AIDS/STI issues, with a specific emphasis on reducing unsafe sexual behavior.

Center for Recreation, Education, and Appropriate Training for Everyone
Country: Uganda
Type of organization: CBO
Focus Area: IEC
Grant Awarded: \$4,000

This grant will support establishment of a multipurpose resource center, training of peer educators, supplies distribution, and interactive activities for populations affected by HIV/AIDS.

Society for Women and AIDS in Africa in Uganda
Country: Uganda
Type of organization: CBO
Focus Area: IEC
Grant Awarded: \$4,840

The Society for Women and AIDS in Africa in Uganda will use its grant to provide information and promote use of methods available to prevent mother-to-child transmission. The group will also work to ensure that the information received at community local councils and NGOs is used to guide decisions concerning women's lives.

Youth Public Organization
Country: Ukraine
Type of organization: CBO
Focus Area: IEC
Grant Awarded: \$5,000

The Youth Public Organization received a grant to adapt its existing drama to address HIV/AIDS. The drama, entitled "How I Became HIV Infected," will be presented by actors giving real stories of PLWHA. They will stop after each scene to address questions from the audience. The progression of the scenes builds a logical line of events that cause HIV.

Hope and Salvation
Country: Ukraine
Type of organization: CBO
Focus Area: IEC
Grant Awarded: \$3,693

Ukraine's Hope and Salvation will conduct an evaluation of HIV-positive women's needs. Based on those needs, the organization will develop appropriate informational materials. Topics may include HIV transmission prevention; mother-to-child transmission; nursing/nutrition/medical observation for HIV-positive mothers and their children; and children and HIV/AIDS.

Empowerment Grant Recipients {alphabetically by country and within countries}

Mindolo Ecumenical Foundation
Country: Zambia
Type of organization: FBO
Focus Area: Care and Support
Grant Awarded: \$5,000

The Mindolo Ecumenical Foundation received an award to provide a comprehensive 10-day residential training program on HIV/AIDS for 20 nonsectarian community leaders (including traditional birth attendants, rural preschool and primary teachers, community health volunteers, others) from two Zambian villages.

Women's Missionary Society-Southwest Zambia Conference
Country: Zambia
Type of organization: FBO
Focus Area: IEC/Care and Support
Grant Awarded: \$4,923

The Women's Missionary Society of the Southwest Zambia Conference received a grant to train 90 caregivers at the community level in Kitwe. The training will focus on six activities: skills building; counseling services; psychosocial support to orphans and vulnerable children; advocacy/sensitization on HIV/AIDS prevention, care, and support; project review; and report writing and evaluation.

Chiedza Home of Hope
Country: Zimbabwe
Type of organization: CBO
Focus Area: IEC/Stigma and Discrimination
Grant Awarded: \$4,902

Chiedza Home of Hope is a grassroots, nonsectarian organization operated by PLWHA in low-income neighborhoods of Harare. Chiedza received a grant to train and transport 12 outreach workers to expand the number of neighborhoods served, to increase the amount and quality of information available to people at high risk, to promote use of the Chiedza drop-in center for counseling, and to reduce stigma and discrimination.

Uzumba Orphan Trust
Country: Zimbabwe
Type of organization: CBO
Focus Area: Care and Support/IEC

Zimbabwe's Uzumba Orphan Trust was awarded a grant to serve PLWHA through holistic care, home-based care, psychosocial support, counseling, community sensitization, and HIV/AIDS awareness and control education.

APPENDIX B:**CONFERENCES AND WORKSHOPS****Major CORE-supported Conferences and Workshops**

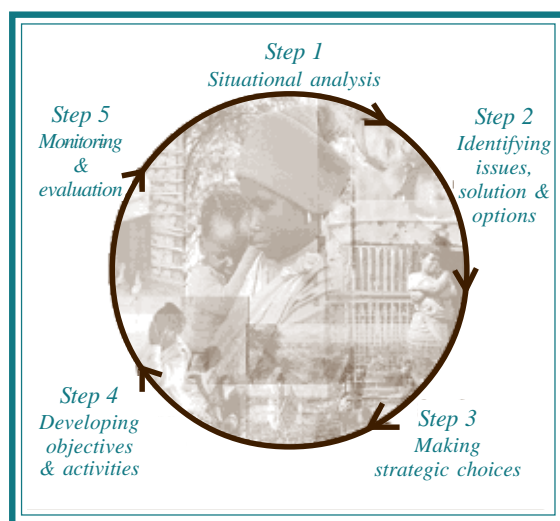
Consultations on the Approach to the HIV/AIDS Crisis	Mukono-Kampala, Uganda (January 15–17, 2001) Dakar, Senegal (April 23–25, 2001)	The All Africa Conference of Churches hosted two consultations for church leaders from throughout Africa to learn from the experience of church leaders and program coordinators in both Uganda and Senegal, where HIV/AIDS incidence rates have remained stable or declined. The consultations encouraged open dialogue and strengthened commitment to address HIV/AIDS.
Challenges for the Church – AIDS, Malaria, and Tuberculosis	Alexandria, Virginia, USA (May 25–26, 2001)	Christian Connections for International Health facilitated a gathering of more than 150 people from more than 60 countries. Presentations and ensuing discussions focused on what the Christian community is doing to fight HIV/AIDS, malaria, and tuberculosis; successes; obstacles encountered; and strategies for future action.
East/Southern Africa and West Africa Consultations on the Appropriate Response to the HIV/AIDS Crisis	Gaborone, Botswana (March 21–23, 2001) Lagos, Nigeria (August 6–10, 2001)	The Organization of African Instituted Churches organized these gatherings of its leaders to <ul style="list-style-type: none"> ❖ share experiences with HIV/AIDS; ❖ review theological positions on HIV/AIDS; ❖ identify critical factors leading to the spread of the epidemic; and ❖ develop practical ways to address the epidemic.
First International Muslim Leaders' Consultation on HIV/AIDS	Kampala, Uganda (November 1–4, 2001)	Planned in partnership with the Islamic Medical Association of Uganda, the consultation brought together Islamic leaders and international representatives from more than 15 African countries, Jordan, Malaysia, and North America. They developed strategies to expand the involvement and improve the coordination of Muslim communities in preventing and mitigating HIV/AIDS both nationally and internationally.



APPENDIX C:

PLANNING MANUAL

One of the important outcomes of the “All Africa Anglican Conference on HIV/AIDS” was the development of a participatory planning model that was used not only to develop the Anglican Communion’s overall framework but is also being adapted to design HIV/AIDS programs at the grassroots level. The goal of this process is to formulate realistic, practical strategies that address the needs of local communities.



With funding from USAID, the POLICY Project’s South Africa staff produced a manual that is helping church leaders duplicate the planning process in their own communities. The 80+ page manual, *Planning Our Response to HIV/*

AIDS: A Step-by-step Guide to HIV/AIDS Planning for the Anglican Communion (Judge & Schaay, 2001), is tailored to the needs and concerns of the Anglican Communion but also provides insights for any faith- or community-based organization interested in conducting strategic planning exercises.

The manual outlines a process, intended for use in a group planning setting, that includes the following five steps:

Situational analysis. This step lays the foundation for the planning process and considers what is known and what has been witnessed about the HIV/AIDS epidemic within the church and broader community.

Identifying issues, solutions, and options. During this step, participants explore how HIV/AIDS issues are interrelated and what the impacts are on the community. They also use a “solutions chart” to consider a range of possible strategies to address these issues.

Making strategic choices. This step involves applying strategic thinking to decisions about which courses of action should be taken in the local context. Here, the advantages and disadvantages of the strategies identified in the previous step are weighed against each other.

Developing objectives and activities. The specific objectives and activities that will comprise future interventions are identified in this step. Attention is also given to articulating roles and responsibilities for implementing each aspect of the HIV/AIDS program.

Monitoring and evaluation. During this step, participants consider how they might measure the impact of the proposed interventions, monitor their progress, and

determine which aspects of the program were successful.

For each step, the manual provides guidance on conducting activities and facilitating participation and discussion. It also includes supplemental materials, such as charts and worksheets, for completing each exercise.

The planning manual is available online at www.anglicancommunion.org/special/hivaids/.

*APPENDIX D:**THE POLICY PROJECT*

The CORE Initiative is implemented on an interim basis by the POLICY Project, a USAID-funded contract awarded to The Futures Group International, in collaboration with The Centre for Development and Population Activities and Research Triangle Institute. The POLICY Project works with government and civil society partners in developing countries to promote the development of high quality family planning and reproductive health (FP/RH), HIV/AIDS, and maternal health policies and programs. With staff based in the United States and around the world, the POLICY Project provides technical assistance to FP/RH and HIV/AIDS initiatives in four regions: Africa, Asia and the Near East, Europe and Eurasia, and Latin America and the Caribbean.

As USAID's implementing partner for the CORE Initiative, the POLICY Project works to build the capacity of organizations to address the epidemic. The POLICY Project brings to the initiative a strong background in program management and support, capacity building, advocacy, training, strategic planning, policy formulation, research, and monitoring and evaluation. POLICY staff also contribute their expertise in public health, gender analysis, human rights, economics and health finance, community mobilization, and data analysis and modeling.

The POLICY Project's HIV/AIDS portfolio has grown considerably in recent years. The project receives funding from USAID's Office of Population, Office of HIV/AIDS, regional bureaus (including Africa and Asia and the Near East), and individual country missions to

- ❖ improve knowledge about and the ability to address the key policy, cultural, financial, and contextual constraints to preventing and mitigating the impacts of HIV/AIDS;
- ❖ build the capacity of private sector organizations delivering HIV/AIDS information and services; and
- ❖ increase the availability of – and the ability to generate and use – data to monitor and evaluate HIV/AIDS prevalence, trends, and program impacts.

In working to achieve these objectives, the POLICY Project embraces a multisectoral approach. The challenge of HIV/AIDS cannot be addressed effectively if it is treated narrowly as a public health or medical issue alone. HIV/AIDS is interconnected with and exacerbated by a host of factors (e.g., poverty, gender), and it has the ability to affect all sectors of society. As a strong advocate for preventing the spread of HIV/AIDS and mitigating its associated impacts through comprehensive responses, the POLICY Project collaborates with government and civil society

counterparts in a variety of activities designed to strengthen support for broad-based, multisectoral HIV/AIDS policies and programs.

The project's government partners include national AIDS councils, AIDS control programs, and relevant ministries (e.g., health, education, labor, welfare, finance, local government, uniformed services, women, social services, transportation, and others). Key civil society partners include

❖ **PLWHA Associations.** Until PLWHA are meaningfully involved in policymaking, program design, and community mobilization, prospects for addressing the HIV/AIDS epidemic will be diminished. The POLICY Project encourages the active policy engagement of PLWHA by building the capacity of national, regional, and international associations of PLWHA.

❖ **Faith-based Organizations.** Communities of faith are increasingly recognizing the need to respond to the HIV/AIDS epidemic. POLICY provides technical assistance to faith-based organizations with the aim of building their capacity to provide care and support services for PLWHA, as well as reduce the stigma and silence surrounding HIV/AIDS.

❖ **World of Work.** The POLICY Project collaborates with organizations in the world of work, such as trade unions and business associations, to develop

appropriate workplace HIV/AIDS policies and programs. Workplace policies and programs should protect employees from discrimination on the basis of HIV status, safeguard employee benefits (e.g., health insurance), and serve as a conduit for awareness-raising and prevention efforts. In addition, POLICY uses computer models, such as the AIDS Impact Model and Goals, to project the demographic characteristics and effects of the epidemic, as well as the economic consequences of HIV/AIDS and the relative costs and benefits of different strategies to combat the disease.

❖ **Development Nongovernmental Organizations.** HIV/AIDS has the potential to reverse – and hinder the future achievement of – hard won economic and human development gains in many countries. The POLICY Project seeks to mainstream HIV/AIDS issues into the activities of NGOs operating in the development sector. The project provides technical and logistical assistance to NGOs to enhance their advocacy, strategic planning, financing, and monitoring and evaluation capabilities with regard to HIV/AIDS.

At each step, the POLICY Project recognizes that efforts to respond to the HIV/AIDS epidemic must address crosscutting issues, including respect for human rights, elimination of stigma and discrimination, and empowerment of women and youth.

APPENDIX E:

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